

PTO/SB/81 (04-05)

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INDICATION FORM**

Application Number	101 764, 123
Filing Date	January 21, 2004
First Named Inventor	Robert F. Buckman
Title	Splint System + Method of Use
Art Unit	3743
Examiner Name	Wielker, Amanda F.
Attorney Docket Number	212/551

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
KAREN LENKER	54,618

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Jay A. Lenker

Date 7 May 2005

Name

JAY A. LENKER

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Title and Company

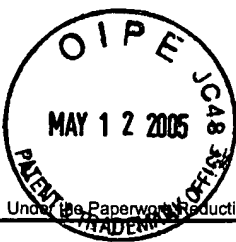
CEO, Damage Control Surgical Technologies, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/96 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Damage Control Surgical Technologies, Inc.Application No./Patent No.: 10/764,123 Filed/Issue Date: January 24, 2004Entitled: Splint System and Method of UseDamage Control Surgical Technologies, Inc. a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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OR

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Jay A. Lenker

Signature

JAY A. LENKER

Printed or Typed Name

Chief Executive Officer

Title

7 May 2005

Date

949-494-3645

Telephone Number

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Total Assignments: 1**Patent #:** NONE**Issue Dt:****Application #:** 10764123 **Filing I****Publication #:** US20040167450 **Pub Dt:** 08/26/2004**Inventors:** Robert F. Buckman, Jay A. Lenker, Donald J. Kolehmainen**Title:** Splint system and method of use**Assignment: 1****Reel/Frame:** 014607/0323**Recorded:** 05/06/2004**Pa****Conveyance:** ASSIGNMENT OF ASSIGNORS INTEREST (SEE DOCUMENT FOR DETAILS).**Assignors:** BUCKMAN, ROBERT F. M.D.**Exec Dt:** 04/02/20LENKER, JAY A. PH.D.**Exec Dt:** 04/02/20KOLEHMAINEN, DONALD J.**Exec Dt:** 04/02/20**Assignee:** DAMAGE CONTROL SURGICAL TECHNOLOGIES, INC.

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